PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

						D D1 1	1 11 21-5 1		
ippropriate. All further condicated unless corrected	below or directed oth	or transmitting the g the Patent, advangerwise in Block 1,	ISSUE FEE and PUB ace orders and notificat by (a) specifying a new	w corresp	oondence address;	and/or (b)	indicating a separ	ould be completed where correspondence address as ate "FEE ADDRESS" for	
naintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
23550	7590 : 12/04/	/2006 ·	·	IIAVC			•	niccian	
HOFFMAN WA	I her	certify that the	is Fee(s) Tr	Aailing or Transn ansmittal is being	deposited with the United				
75 STATE STRE	ET .	ESSILIER,	五	State	es Postal Service we essed to the Mail	rith sufficier Stop ISSU FO (571) 27	nt postage for first JE FEE address a 13-2885 on the da	deposited with the United class mail in an envelope above, or being facsimile te indicated below.	
14TH FLOOR ALBANY, NY 12	EB 2 7 2007					(Depositor's name)			
•		<i>/</i>	1		:		(Signature)		
	RADEMARIST					(Date)			
APPLICATION NO.				FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.		
	06/24/2003	. Michael W. D	otson		END92	0030008US1	1172		
10/602,369 FITLE OF INVENTION:		AND PROGRAM P			I/O PADS ON A	CHIP		*	
THEE OF HAVEIATION							• • •		
							<u> </u>		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUI	PUBLICATION F	EE DUE	PREV. PAID ISSU	E FEE TO	OTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0		\$1700	03/05/2007	
EXAMI	CLASS-SUBCI	ASS		•					
KIK, PHA	LLAKA	716-00500				<u> </u>			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys								H. Steinberg	
CFR 1.363). Change of correspo	nce or agents OR,	alternativ	matively, Hoffman, Warnick						
Address form PTO/SB. XX "Fee Address" indic PTO/SB/47; Rev 03-02	registered atto	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
Number is required.		TO DE PROFEE							
3. ASSIGNEE NAME AN PLEASE NOTE: Unle	in ident	ified below no acc	ionee data will annear	on the n	atent. If an assign	nee is identi	ified below, the do	ocument has been filed for	
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE-OR-GOUNTERAL 1 0000018 090457 10602369									
International Business Machines Corporation Armonka: New York 1400.00 DA 300.00 DA									
Please check the appropris	ate assignee category or	r categories (will no	t be printed on the pater	nt) : 🗀				oup entity Government	
•			4b. Payment of Fee		ase first reapply a	ny previou	sly paid issue fee	shown above)	
X Issue Fee									
☐ Payment by credit card. Form PTO-2038 is attached. ☐ Advance Order - # of Copies									
Advance Order - #	of Copies		XXIThe Director overpayment	is hereby , to Depo	y authorized to cha sit Account Numb	E59045	of tee(s), any de	n extra copy of this form).	
5. Change in Entity State	us (from status indicate	d above)						· · · · · · · · · · · · · · · · · · ·	
a. Applicant claims	SMALL ENTITY stat	us. See 37 CFR 1.27					Y status. See 37 Cl		
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requeecords of the United St	uired) will not be ac ates Patent and Trad	ccepted from anyone of emark Office.	her than 1	the applicant; a reg	istered attor	mey or agent; or tr	ne assignee or other party in	
Authorized Signature	4 EIV	· 		DateDecen	nber 28	3, 2006			
Typed or printed name		•	Registration	No54	,593				
		CFR 1.311. The info	rmation is required to o	btain or	retain a benefit by	the public v	which is to file (and	by the USPTO to process	
								ig gathering, preparing, and me you require to complete artment of Commerce, P.O.	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.